

Effective on 12/08/2004.

Subject to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 60.00

Complete if Known

| | |
|----------------------|-------------------|
| Application Number | 10/625,331 |
| Filing Date | 07/23/2003 |
| First Named Inventor | Derald Christians |
| Examiner Name | Michael Safavi |
| Art Unit | 3673 |
| Attorney Docket No. | 1950 |

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 500246 Deposit Account Name: Beck & Tysver, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|---------------------|----------------------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |
| Total Claims | Extra Claims | Fee (\$) |
| - 20 or HP = _____ x _____ = _____ | | |
| HP = highest number of total claims paid for, if greater than 20. | | |
| Indep. Claims | Extra Claims | Fee (\$) |
| - 3 or HP = _____ x _____ = _____ | | |
| HP = highest number of independent claims paid for, if greater than 3. | | |
| | | Fee Paid (\$) |
| | | Multiple Dependent Claims |
| | | Fee (\$) |
| | | Fee Paid (\$) |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|--------------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| _____ - 100 = _____ | _____ / 50 = _____ | (round up to a whole number) x _____ | | |

4. OTHER FEE(S)

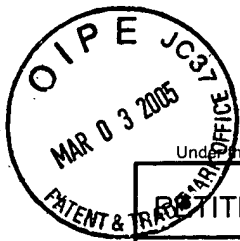
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Two-month Extension of Time 225.00**SUBMITTED BY**

| | | | |
|-------------------|---------------------------|---|------------------------|
| Signature | <u>Stephanie J. James</u> | Registration No. 34,437 (Attorney/Agent) | Telephone 612-915-9633 |
| Name (Print/Type) | Stephanie J. James | | Date 2/28/05 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



| | | |
|--|----------------------------|----------------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 1950 |
| In re Application of Derald Christians | | |
| Application Number 10/625,331 | Filed 07/23/2003 | |
| For Soil Stabilization and Pile Formation Method | | |
| Group Art Unit 3673 | Examiner Michael Safavi | |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) \$ _____
- ☒ Two months (37 CFR 1.17(a)(2)) \$ 450
- ☐ Three months (37 CFR 1.17(a)(3)) \$ _____
- ☐ Four months (37 CFR 1.17(a)(4)) \$ _____
- ☐ Five months (37 CFR 1.17(a)(5)) \$ _____
- ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 225
- ☒ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 500-246.
- I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

- ☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ attorney or agent of record.
- ☒ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) 34,437

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2/28/05
Date

Stephanie James
Signature

03/04/2005 YPOLITE1 00000032 10652331

01-FC:2252

225.00 OP

Stephanie J. James

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

03/04/2005 YPOLITE1 00000054 10625331

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225.00 OP